

HREC

Section II

Initiating, Keeping, and Disposing of Health Records

5-23. Initiating health records

a. HRECs for personnel entering on active duty. These HRECs are prepared by the officer who prepares DA Form 2 (Personnel Qualification Record--Part I (For Army Reserve Use Only)) and DA Form 2-1 (Personnel Qualification Record--Part II). ARNG and USAR members not entering on initial active duty for training (for example, direct appointment ARNG or USAR AMEDD officers) will have HRECs prepared by the custodian of Military Personnel Record Jackets, U.S. Army (MPRJ).

b. HRECs for personnel reentering service. For personnel reentering service, HRECs will be prepared as described in a above and d and e below. Any past HREC will be acquired; the documents in the temporary HREC (para 5-25) will be put into the past one. Requests for past HRECs will be made by the military personnel officer of the first unit to which the person is assigned for training or other prolonged duty. Requests will not be made by reception station personnel. Requests for past HRECs should be sent to Commander, USARPERCEN, ATTN: DARP-P-AS, 9700 Page Avenue, St. Louis, MO 63132-5200. For ARNG, the HREC for a person reentering ARNG should be requested from the State adjutant general of the State from which he or she was separated.

c. HRECs for cadets of the U.S. Military Academy. HRECs will be initiated for cadets as described in a above and d and e below. These HRECs will continue in use when cadets enter active duty.

d. Custody of HRECs. The HREC prepared for a person entering military service will be kept in the MPRJ. It will not be sent to a health or dental record custodian until the person arrives at a station where he or she will remain 15 days or longer. Before his or her arrival at the station, the custodians of the MPRJ will retain custody of the HREC; however, they will send it immediately to a medical or dental officer who requests it or treats the person. (In the ARNG and USAR, the custodian of the MPRJ will be the custodian of the HREC.)

e. Forms prepared. The forms to be prepared when an HREC is initiated are listed in (1) through (6) below. No unit names will be entered on any of the forms until the person reports to his or her first training or duty station. Although some forms ask for the person's middle name, only the middle initial needs to be entered. Specialized occupational health forms may be contained in HREC but must be locally approved.

(1) DA Form 3444-series or DA Form 8005-series folders. For preparation of these folders, see paragraph 4-4. For HRECs, check the "Health" box under "Type of Record"; for dental records, using only DA Form 3444-series folders, check the "Health (Dental)" box. Handwritten entries will be made in dark ink and

boldly printed. (The member's current organization (for example, "Co A, 163 Inf") will be handwritten in pencil.)

(2) SF 600. See paragraph 5-16.

(3) SF 601. See paragraph 5-17.

(4) SF 603 and SF 603A. See paragraph 5-18.

(5) SF 88 and SF 93. The original copies of SF 88 and SF 93 will be put in the HREC.

(6) CDC Form 9.2936A (Venereal Disease Epidemiologic Report). If a CDC 9.2936A has been received with a person's records, it will be stapled to a blank letter-sized sheet of paper and fastened in the HREC under SF 601. (See para 5-24b(2)(1).).

5-24. Transferring health records

a. Sending HRECs. Both parts (health and dental) of a service member's HREC are transferred (may be hand-carried) when his or her MPRJ is transferred (AR 640-10). When a service member is to be transferred to another unit or station, the military personnel officer of the losing unit will receive both parts of the HREC from their custodians. The HREC will be sent with the MPRJ except when--

(1) The losing and gaining units receive primary (outpatient type) care from the same MTFs and DTFs. In this case, the military personnel officer will inform the HREC custodians about the unit change. The person's unit designation will be changed on the folders of both the health and dental records.

(2) An inpatient is assigned to a medical holding unit that already has the HREC. The MTF commander will inform the military personnel officer that the MTF has the HREC. When requesting the MPRJ, the MTF commander will also request the dental record.

(3) The HREC custodian sends the records directly to the gaining custodian. If the HREC custodian feels a person should not hand-carry his or her HREC, it will be sent directly to the commander of the person's next MTF. When this action is done, the servicing military personnel officer will be promptly informed that the HREC will be sent and not carried. If the custodian does not know the address of the person's next MTF or DTF, the HREC will be sent to the servicing military personnel officer, who will send it to the person's next HREC custodian.

b. Receiving HRECs.

(1) Military personnel officers. When a person transfers into the unit, the military personnel officer must acquire both parts of the person's HREC and must send them promptly to the officer in charge of the activity giving primary medical and dental care to the unit. However, post surgeons may grant an exception to this procedure. The HRECs of personnel staying at an installation only a short time (12 weeks or less) may be kept by the military personnel officer rather than the local HREC custodians. In this case, the two parts of the HREC will be kept as separate files in the military personnel offices (MILPO). Neither part will be sent to the local MEDDAC or DENTAC unless requested. Further, trainee units may maintain transient party trainee dental records. In the ARNG and the USAR, the custodian of the MPRJ will be the custodian of the HREC.

(2) AMEDD personnel.

(a) The officer in charge must ensure that any health problems of a newly arrived person are treated, and thus that the person's HREC is reviewed when received. Review of HRECs may be made by the medical officer, a physician's assistant (military occupational specialty 911A), or other qualified individuals. Review of Personnel Reliability Program records is discussed in paragraphs 5-28 and 5-29. Each MTF will set the qualifications that people who are not physicians must possess to review HRECs. Each MTF will also audit reviews to ensure that HRECs are referred to medical officers when needed. The responsible medical officer will develop written guidelines for the review of HRECs by nonmedical officers. These guidelines will ensure that reviews check for pending actions, health-care problems, and record inadequacies. When writing guidelines, the medical officer must ensure that reviews include the actions listed in (b) through (i) below. He or she may modify or expand these actions to fit the local situation.

(b) Consultation reports will be studied for incomplete or pending actions and profile recommendations.

(c) X-ray reports will be studied for unresolved pathological findings.

(d) Laboratory reports will be studied for unresolved abnormalities.

(e) Drug reactions and idiosyncratic responses will be noted.

(f) DA Form 5571, which includes known significant medical diagnoses and conditions, operative and invasive procedures, current medications, and adverse and allergic reactions to drugs, will be completed.

(g) DA Form 8007-R (Individual Medical History (IMH)) will be updated. (See para 5-30.)

(h) Significant deviations from normal weight, blood pressure, and hearing and visual acuity will be noted.

(i) The HREC will be checked to ensure that any allergic reaction to medication was entered (para 5-17a and that DA Label 162 was affixed (chap 15).

(j) The medical officer will review all noted health problems to determine if treatment, examinations, or other medical attention is needed. All pertinent findings, the date of the HREC review, and the name of the reviewer will be recorded on SF 600.

(k) If the person's record shows that he or she has been diagnosed as an alcohol or drug abuser within the previous 360 days, the Alcohol and Drug Control Officer will be notified (AR 600-85).

(l) If CDC Form 9.2936A is present in the person's record (para 5-23e(6)), the medical officer will immediately have the person examined and start an SF 602, if needed (para 5-19b(10)). If CDC Form 9.2936A is not for syphilis, comments on the examination and treatment given will be made on SF 600. When no longer useful in the case, the CDC Form 9.2936A will be removed from the HREC and destroyed.

c. HRECs not received. If an HREC is not received with a person's MPRJ and if there is no information that the HREC was sent separately, the military personnel officer will request information on the missing records from the person's last known unit and will also take the necessary action to find the records. If an officer's or warrant officer's HREC cannot be found, the military personnel officer will send a request for the missing HREC to Commander, PERSCOM, ATTN: TAPC-MSR, 200 Stovall Street, Alexandria, VA 22332-0002. If an enlisted member's HREC cannot be found, a request will be sent to Commander, U.S. Army Enlisted Records Center, ATTN: PCRE-RF, Fort Benjamin Harrison, IN 46249-5301. A copy of this request will be kept in the person's MPRJ until a reply has been received. If the person is transferred before the reply arrives, the copy of the request will be endorsed to his or her next unit. When the request reaches the person's next unit, it will be put in his or her "temporary" HREC. (A notation of a reply to the request will be made on SF 600 or SF 603, and the reply will be inserted in the HREC per figs 5-1 or 5-2.)

d. Movements of units with MTFs or DENTACs. When a unit and its attached MTF or DENTAC move, the unit's HRECs will be kept and moved by the MTF or DENTAC only if the MTF or DENTAC continues to give primary medical and dental service to the unit during and after the move. If another MTF or DENTAC will give primary service to the unit during or after the move, the HRECs will be sent to the record custodian of the MTF that provides care during the move.

e. Transferring x rays. An attending physician may feel that certain x rays should go with a patient on permanent change of station (PCS). If so, this transfer will be noted on SF 600, and the x rays will be identified. The x rays will then be sent in a mailer per paragraph 4-5.

5-25. Establishing "temporary" and "new" health records

a. "Temporary" medical record. When receipt of a record is delayed, a temporary one will be prepared by medical personnel. A manila folder rather than DA Form 3444-series or DA Form 8005-series folder will be used. DD Form 2005 will be initiated and filed in the temporary record. The date that the temporary record was begun will be printed on the folder. Documents on the person's medical care will be added to the temporary medical record as they are used. When a delayed HREC is received, the forms in the temporary record will be filed in it.

b. "Temporary" dental records. Temporary dental records will be prepared by dental personnel as described in a above. DA Form 5570 and SF 603A will be placed in the temporary record. A dental examination to complete section I of SF 603 will not be needed for a temporary dental record. This examination will be made only when the temporary record is replaced by a "new" dental record.

c. New HREC. If a delayed HREC is not received within 60 days after a temporary record is prepared, a new HREC will be prepared. This new HREC will also be prepared when information is received that a record has been destroyed.

(1) When a new HREC is prepared, SF 601 will be added if needed.

(2) New permanent dental records replacing lost records are prepared in accordance with guidance in TB MED 250. A new panoramic x ray will be taken in duplicate; the original is for the new record, and the duplicate is sent to the Central Panograph Storage Facility.

(3) If a lost health or dental record is found after a new record has been prepared, the forms of the new record will be filed in the original record. The custodian will note on SF 600 or SF 603 that the original health or dental record was received.

d. Personnel returned to military control. When personnel who have been missing, missing in action, interned, or captured are returned to military control, their original HREC will be acquired and continued in use.

5-26. Filing health records

a. HREC files. HRECs will be filed at the MTF or DTF (includes Primary Care for the Uniformed Services (PRIMUS) (clinics authorized to provide primary care to active duty units and members) or with the RC records custodian that provides military medical and dental care. If the soldier is assigned to an isolated unit without a servicing military MTF or AMEDD personnel, the HREC will be filed at the unit under the custodianship of the commander. (See para 1-4b.) The records may be filed alphabetically or in terminal digit sequence. (See chap 4.) A chargeout system will be used when the HREC is temporarily removed from the record room. (See para 4-6.)

b. Keeping HREC files current. The procedures described in (1) through (3) below will be followed to keep HREC files current.

(1) The MEDCEN, MEDDAC, or DENTAC commander and division surgeon will give the MILPO a list of MTFs and DTFs and the units that they serve.

(2) The MILPO will give to the MTFs and DTFs personnel rosters of the units that they serve. At a minimum, these rosters will be provided quarterly.

(3) HREC files for active duty personnel will be screened semiannually against current personnel rosters to ensure that the MTF file holds only the records of personnel served by that MTF. When an HREC or medical form is held by the wrong custodian, MTF records personnel will send the documents to the current custodian.

c. Handling identifiable HRECs and medical forms. A record or form is an identifiable form if it contains enough information to identify it as belonging to a specific person. To keep files current, identifiable HRECs and forms will be handled as follows:

(1) When a member out-processes at an MTF or DTF, the MTF or DTF will give the serving MILPO his or her HREC. The member may hand carry the HREC to the gaining MTF or DTF, or it can be sent with the MPRJ to the new custodian in accordance with paragraph 5-24a. When the HREC is sent to the MILPO, the MTF or DTF will record the new custodian so that any late-arriving medical records (laboratory slips, SF 600, and so on) can be sent to him or her. (The new custodian can be recorded in chargeout folders in the files, log books, and so forth.)

(2) When the MTF or DTF cannot find the member's health or dental record, it will prepare a suspense card with the member's name, rank, SSN, the complete address of his or her new unit, the MEDDAC or DENTAC that serves his or her new unit, and the date that the card is put in suspense. The suspense card will be kept in a chargeout folder; the folder is kept in the file where the member's records should have been. The card will be kept until the record is found and sent to the new custodian or until the files have received two semiannual reviews, whichever comes first. It will then be destroyed.

d. Handling stray records and forms. Stray records and forms found during the semiannual files review will be handled as described in (1) through (3) below.

(1) The records and forms will be screened against the MTF or DTF files, including the suspense cards. Those files that can be identified (that is, matched with a record or suspense card) will be sent to the proper custodian. The letter of transmittal will name the member's assigned unit.

(2) When the proper custodians cannot be determined, the MTF or DTF will, if possible, access its Defense Enrollment Eligibility Reporting Systems (DEERS) MDRTS to obtain the current record custodian. Otherwise, the MTF or DTF will make a

list of the members to whom the records belong, giving each member's full name, SSN, and unit at assignment if possible. The list will be sent to the MILPO with a cover letter requesting that the names be checked. The local MILPO should determine the appropriate section within its organization to complete the required action on the list. (Some installations have In/Out Processing Sections where installations rosters and clearance files can be checked; at other installations, these functions are handled in the consolidation of military personnel activities.) After the MILPO has searched its files, the list should be forwarded to the post locator or to the installation activity that maintains the worldwide locator file. The MILPO or post locator response will be kept by the MTF or DTF in a file (file number 40 (general medical services correspondence files)) for 1 year. (See AR 25-400-2 for information on nonaction paper files.) (See table 2-1.)

(3) If the MILPO or post locator cannot find the address of the proper custodians, the MTF or DTF will follow the steps outlined in (a) through (f) below.

(a) Rule 1. If the records or forms have a complete name and SSN on them and are Army records or forms (officers, warrant officers, and enlisted personnel) (based on a check of outprocessing and separation files, the local Standard Installation/Division Personnel System alpha roster, DEERS, and the worldwide locator microfiche) and if the MILPO provides a forwarding active duty address, then send them to the forwarding address. If the soldier retired or was discharged or separated to an inactive USAR status then send them to Commander, USARPERCEN, ATTN: DARP-P-AS, 9700 Page Avenue, St. Louis, MO 63132-5200. If an address from orders or DD Form 214 (Certificate of Release or Discharge from Active Duty) assigns the soldiers to a USAR troop program unit or releases the USAR soldier from active duty for training or initial active duty for training then send them to the soldier's USAR unit. If an address from orders or DD Form 214 releases the ARNG soldier from active duty for training or initial active duty for training then send them to the appropriate State adjutant general. If the soldier has departed on terminal leave but has not reached his or her actual separation date then send them to the servicing separation transfer point. If no information and no record are available then send a request for locator service to the Commander, U.S. Army Enlisted Records Center, ATTN: PC-RE-RF, Fort Benjamin Harrison, IN 96249-5301, using the message format in figure 5-4. Hold the records or forms for the message response containing a disposition address.

(b) Rule 2. If the records or forms have a complete name and SSN on them and are Navy records or forms, then send them to Naval Military Personnel Command, ATTN: NMPC-036, Navy Worldwide Locator Service, WASH DC 20370-5000.

(c) Rule 3. If the records or forms have a complete name and SSN on them and are Marine Corps records or forms, then send them to Commandant of the Marine Corps, HQ, U.S. Marine Corps, WASH DC 20380-0001.

(d) Rule 4. If the records or forms have a complete name and SSN on them and are Air Force records or forms, then send them to HQ, U.S. Air Force,

ATTN: AFMPC/RMIQL, 550 C Street West, Suite 50, Randolph Air Force Base, TX 78150-6001.

(e) Rule 5. If the records or forms have a complete name and SSN on them and are Public Health Service or Coast Guard commissioned corps records or forms, then send them to Medical Branch, 5600 Fishers Lane, Parklawn Building, Room 4-35, Rockville, MD 20857-0435.

(f) Rule 6. If the records or forms have a complete name and SSN on them and are National Oceanic and Atmospheric Administration records or forms, then send them to Commissioned Personnel Center, NOAA (ATTN: CP01), 11400 Rockville Pike, Room 108, Rockville, MD 20852-3004.

e. Handling unidentifiable records and forms. An unidentifiable record or form is one that contains either no data or such a small amount of data that trying to identify the person to whom it belongs is impossible. Before destroying these records, the patient administrator will send a report to the MTF or DTF committee that audits medical and dental records, listing the type of record (laboratory forms, x-rays reports, SF 600, and so on) and the number of each type to be destroyed. This report and the committee's action on it will be entered in the committee minutes. Following the committee's approval, the patient administrator or his or her chosen representative will destroy these records and forms.

5-27. Disposing of health records

Upon discharge, release from active duty, retirement, death, or transfer from USAR to ARNG, the member's HREC will be disposed of per AR 640-10, paragraphs 2-9 and 2-10. ARNG HRECs will be disposed of as are MPRJs (For officers and warrant officers, see NGR 640-100; for enlisted personnel, see NGR 600-200.)

Section III

Special Considerations for Personnel Reliability Program Health Records or Civilian Employee Medical Records

5-28. Screening Personnel Reliability Program records

a. Per AR 50-5 or AR 50-6, paragraph 3-15, each Personnel Reliability Program candidate must be medically evaluated as part of the screening process, including a review of the individual's medical records. HRECs or CEMRs of all personnel being screened and evaluated for the Personnel Reliability Program will be personally screened by a U.S. military physician, physician's assistant, a U.S. civilian physician (or physician's assistant) under DOD contract or employed by the U.S. Government, or other qualified nonphysician medical personnel (officer or enlisted) specifically trained and designated by the supporting U.S. military MTF commander to screen medical records and complete part III, DA Form 3180-R.

b. Personnel Reliability Program HRECs or CEMRs will be screened per AR 50-5 or AR 50-6 by the losing organization's supporting medical activity before the individual departs on orders for reassignment to a nuclear or chemical surety duty position and by the gaining organization's supporting medical activity before being assigned to a nuclear or chemical duty position. The screening individual will annotate SF 600 with the following or similar statement: "Preceding entries screened under provisions of AR 50-5 (or AR 50-6)" followed by his or her printed name, grade, and signature. The entry on SF 600 will be made at the time the screening was accomplished and dated accordingly.

5-29. Maintaining Personnel Reliability Program records

a. Personnel Reliability Program HRECs or CEMRs will be maintained under continuing evaluation after screening has been accomplished. MTFs will segregate HRECs, dental records, and CEMRs of personnel in the Personnel Reliability Program from other records. A cross-reference system must be established to account for the absence of these records from the central files.

b. Personnel Reliability Program HREC or CEMR custodians must ensure that the chain of custody in the handling of Personnel Reliability Program medical records is not broken. Personnel Reliability Program records signed out during the duty day must be returned to the section where the records are maintained before the close of the business day, except when a need exists for a record to be used for treatment lasting more than the normal duty day or when the location of the required consultation or medical treatment is away from the MTF where the Personnel Reliability Program records are maintained.

c. Personnel Reliability Program records will be labeled and identified by filing DA Form 3180-R and DA Form 4515 as described in paragraph 5-19b. The Personnel Reliability Program block on the record folder will be marked to indicate participation in the program.